

Test Answer Sheet and Evaluation Instructions

QUESTIONS AND ANSWERS IN 'SEDATION/ANALGESIA'

Please be advised that the following are required for **(10 Contact Hour)** completion.

1. Test Answer Sheet (is on **Reverse** side): record your answers by filling in box with a **PENCIL**.
2. Evaluation (**Below**): **MUST** be completed for processing this test.
3. Return this original for processing **DO NOT** fax.
4. Mail to: **Specialty Health Education, Inc. / PO Box 992 / Blue Bell, PA 19422**

If you have any questions, please contact us at 610-272-1850.

EVALUATION

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 1. | Can you define sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Can you state the difference between moderate and deep sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Can you identify five goals and objectives of sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Can you state the clinical endpoints of sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Can you identify two goals and objectives of preprocedure patient assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Can you list 5 components of the preprocedure patient assessment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Can you define pharmacokinetics and pharmacodynamics? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | Can you list three advantages and disadvantages associated with Benzodiazepines and opioids utilized to achieve a state of sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. | Can you identify the pharmacokinetics profile associated with medications administered in the sedation setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. | Can you identify the pharmacodynamic profile associated medications administered in the sedation setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | Can you identify the indications for pharmacologic reversal agents used in the sedation practice setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. | Can you state the clinical signs and symptoms associated with respiratory insufficiency/obstruction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Can you state the importance of maintaining airway reflexes during the administration of sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Can you list the contents of the emergency airway resuscitative kit used in the sedation setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Can you identify the purpose of the postprocedure monitoring in patients receiving sedation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Can you identify the core components of the postprocedure documentation process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. | Can you identify two risk reduction strategies to improve quality patient care in the sedation setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. | Can you identify the contents and purpose of the sedation database? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | Can you list three mechanisms to be used in the successful implementation of a sedation educational program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | How long did it take to thoroughly review the material and complete this test? _____ hrs _____ min. | | |
| 21. | Additional comments or suggestions: _____ | | |

Your Name: _____ Data Base Number: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date: _____

'Questions & Answers in Sedation/Analgesia'

(10 Contact Hours upon completion)

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